

Business Depository Resolution

X NEW — CHANGE

BANK ONE
Member FDIC**ACCOUNT TITLE**HILLMAN & WOLERY
ATTORNEYS AT LAW

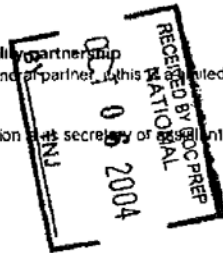
ACCOUNT # 623708260

TAXPAYER ID # [REDACTED]

ACCOUNT TYPE Bank One Basic Business Checking

BUSINESS ADDRESS425 METRO PL N
SUITE 460
DUBLIN, OH 43017ISSUED BY Bank One, NA (001)
Dublin
31
BRITYN E LARRICK
(614)248-2440
10/5/2004Legal Name of Business HILLMAN & WOLERY (the "Business")

The individual(s) signing this Resolution hereby certifies to Bank One that the Business is (check one)

☒ a sole proprietorship owned entirely by the individual signing this Resolution☐ a duly formed and valid existing ☐ general partnership ☐ limited partnership ☐ limited liability partnership organized under the laws of the state/country of _____ consisting of all of the general partners if this is a general partnership or the sole general partner if this is a limited partnership☐ a corporation duly organized and in good standing under the laws of the state/country of _____ and that the individual signing this Resolution is the secretary or treasurer of the corporation☐ an unincorporated association or organization and the individual(s) signing this Resolution is the keeper of the records and seal if any☐ a limited liability companyand that the following is a true and correct copy of the resolutions adopted by the Business on 01/01/2004 and that such resolutions are now in full force and effect**Depository and Withdrawal Authorization**

RESOLVED that Bank One is designated a depository in which the funds of the Business may be deposited and/or withdrawn by any one of the persons listed below in the manner so designated, subject to Bank One's Deposit Account Agreement. Each person so listed is authorized to endorse for collection, deposit or negotiation any and all checks, drafts, notes, bills of exchange, certificates of deposit, and orders for the payment or transfer of money between accounts at Bank One and other banks, either belonging to or coming into the possession of the Business. Endorsements for deposit may be written or stamped. Bank One may accept any instrument for deposit to any depository account of the Business without endorsement or may supply the endorsement of the Business. The person(s) so designated is authorized to sign any and all checks, drafts, and orders drawn against any designated account(s) of the Business (including savings accounts) at Bank One. Bank One is authorized to honor and pay all checks, drafts, and orders when so signed or endorsed without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those drawn or endorsed to the individual order of any such person so listed.

Name

STEVEN E HILLMAN

Title

Owner

Facsimile Signatures if Applicable

DON E WOLERY

Owner

Signing Authorization

RESOLVED, that any one of the person(s) indicated above is authorized to act for and on behalf of the Business in any matter involving any of the Business' depository accounts at Bank One, including the authority to instruct Bank One to close the account and is further authorized to sign and implement for and in the name on behalf of the Business as they or any of them see fit, the terms of all agreements, instruments, drafts, certificates or other documents relating to any depository account or other business of the Business including, but not limited to payroll agreements, repurchase agreements, night depository agreements, funds transfer agreements or safe deposit agreements.

Facsimile Signature Authorization

RESOLVED that Bank One is authorized and directed to honor checks, drafts, and orders for the payment of money drawn on any of the accounts listed above including those drawn to the individual order of any person when the check, draft, or order bears or purports to bear the facsimile signature(s) as shown above or on the signature card. Bank One shall be indemnified and held harmless against any forgery or unauthorized use or misuse of the facsimile signing devices.

Further Authorizations

BE IT FURTHER RESOLVED that the secretary or assistant secretary (if a corporation or unincorporated association), the sole owner/proprietor (if a sole proprietorship), or any general partner (if a partnership) is authorized to certify to Bank One the name, title, specimen signature and facsimile signature with respect to any additions or deletions of persons authorized to carry out the purposes and intent of these resolutions and that this resolution shall remain in full force and effect until express written notice of rescission or modification is received by Bank One. If the authority contained herein should be revoked or terminated by operation of law or any other reason without such notice, it is resolved that Bank One shall be indemnified and saved harmless from any and all losses suffered or liabilities incurred by it in so acting after such revocation or termination without notice.

IN WITNESS WHEREOF, the undersigned has hereunder subscribed his/her name(s) and affixed the seal, if any, of the Business this _____ day of _____

For Corporation or Unincorporated
Association or Organization

For Sole Proprietorship

For Partnership (all general partners must sign) or
Limited Liability Company (all members must sign)

Secretary

Owner/Sole Proprietor

Partner/Member

Partner/Member

Partner/Member

☐ THIS IS A NOT-FOR-PROFIT BUSINESS
RECEIVED BY DOC PREP NATIONAL 06 2004

HILL-00661

Business Signature Card

ACCOUNT TITLE

HILLMAN & WOLERY
ATTORNEYS AT LAW

ACCOUNT NUMBER 623708260

ACCOUNT TYPE Bank One Basic Business Checking

BANK ONE
Member FDIC

BUSINESS ADDRESS

425 METRO PL N
SUITE 460
DUBLIN OH 43017

TAXPAYER ID NUMBER

DATE OPENED 09/21/2004

FORM OF BUSINESS Sole Proprietorship

ISSUED BY Bank One, NA (001)
Dublin 31

ISSUANCE DATE 6/14/248-2440
EXPIRATION DATE 10/5/2004

RECEIVED BY DOC PREP
NATIONAL

OCT 06 2004

BY TNU

PRIMARY IDENTIFICATION

None

ID NUMBER

ISSUER

SIGNER(S) TO BE ADDED LATER

ACKNOWLEDGEMENT By signing this Signature Card either individually jointly or through your duly authorized representative(s) you apply to open a deposit account at the Bank. You represent and warrant that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business on your account and (ii) all necessary action or formalities have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. You certify that the information provided to the Bank by you is true to the best of your knowledge and authorize the Bank, at its discretion, to obtain credit reports on you. You acknowledge receipt of the Bank's deposit account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable and agree to be bound by the agreements and terms contained therein.

CERTIFICATION - I certify under penalty of perjury that (1) the Taxpayer Identification Number given is correct and (2) I am not subject to backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien).

☐ If the IRS has notified you that you are subject to backup withholding due to underreporting interest or dividends on your tax return and you have not been notified that the backup withholding is terminated check here and cross out item 2 above.

☐ If you are a non-resident alien check here to acknowledge you have supplied the Bank with certification through the appropriate Form W-8.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PRINTED NAME

TAXPAYER ID #

TITLE

SIGNATURE

DATE

STEVEN E HILLMAN

Owner

Steven E Hillman

10/5/04

DON E WOLERY

Owner

Don E Wolery

10/5/04

CHASE**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR")
PHYSICIANS PHARMACY LLCACCOUNT NUMBER 893744524
TAXPAYERID NUMBER 27-2588970
ACCOUNT TYPE Chase Business Classic

DATE OPENED 05/17/2010

BUSINESS ADDRESS
425 METRO PL N STE 460FORM OF BUSINESS ISSUED BY
New Account
Limited Liability Company
JPMorgan Chase Bank, N.A. (001)

DUBLIN OH 43017-5324

Dublin
ERIK C VARHUSPRIMARY IDENTIFICATION
State Certification of BusinessID NUMBER
1912813ISSUER
OhioISSUANCE EXP DATE
02/10/2010614-248-5800
05/17/2010

SIGNER(S) TO BE ADDED LATER

Don C Hillman

ACKNOWLEDGEMENT - By signing this Signature Card the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the Bank). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business, and (ii) all necessary action or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor and the individual(s) listed below. The Depositor acknowledges receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

CERTIFICATION - The undersigned certifies under penalties of perjury that (1) the Depositor's Taxpayer Identification Number shown above is correct, and (2) the Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and (3) the Depositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).

☐ If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

☐ The Depositor is a foreign entity, and therefore the penalties or penalty certification on this form do not apply. In addition, the Depositor has certified its foreign status to the Bank by completing the appropriate Form W-9.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

STEVEN E HILLMAN

Manager Managed

5/17/10 *Don C Hillman**5/16/10* *Don C Hillman*

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Rev (1/2008)

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HILL-01315

BUSINESS DEPOSITORY RESOLUTION☒ NEW ☐ CHANGE

ACCOUNT NO. 893744524

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (001)

ACCOUNT TITLE PHYSICIANS PHARMACY LLC

BRANCH NAME AND NO. Dublin - 31

DATE 05/17/2010

BUSINESS ADDRESS 425 METRO PL N STE 460
DUBLIN, OH 43017-5324

PREPARED BY ERIK C VARHUS

PHONE NO. 614-248-5800

TAXPAYER ID NO. 27-2588970

PRODUCT TYPE Chase Business Classic

Legal Name of Business PHYSICIANS PHARMACY LLC

(the "Business")

The individual(s) signing this Resolution hereby certifies to JPMorgan Chase Bank, N.A. ("the Bank") that the Business is (check one):

☐ a sole proprietorship owned entirely by the individual signing this Resolution;☐ a duly formed and valid existing☐ general partnership ☐ limited partnership ☐ limited liability partnership ☐ limited liability limited partnership ☐ joint venture

organized under the laws of the state/country of , and the persons signing this Resolution constitute all of the general partners of the partnership.

☐ a corporation duly organized and in good standing under the laws of the state/country of and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of the records and corporate seal, if any;☐ an unincorporated association or organization and the individual(s) signing this Resolution is the keeper of the records and seal, if any;☒ a limited liability company organized under the laws of the state/country of USA and the individuals signing this Resolution constitute all of the members or managers, as appropriate of the company.

and that the following is a true and correct copy of the resolutions adopted by the Business and that such resolutions are now in full force and effect.

Depository and Withdrawal Authorization

RESOLVED, that the Bank is designated a depository in which the funds of the Business may be deposited and/or withdrawn by any one of the persons listed below in the manner so designated, subject to the Bank's Deposit Account Agreement. Each person so listed is authorized to endorse for collection, deposit or negotiation any and all checks, drafts, notes, bills of exchange, certificates of deposit, and orders for the payment or transfer of money between accounts at the Bank and other banks, either belonging to or coming into the possession of the Business. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Business without endorsement or may supply the endorsement of the Business. The person(s) so designated is authorized to sign any and all checks, drafts, and orders drawn against any designated account(s) of the Business (including savings accounts) at the Bank. The Bank is authorized to honor and pay all instruments are payable or endorsed, including those drawn or endorsed to the individual order of any such person so listed.

Name
STEVEN E HILLMANTitle
Manager Managed

Facsimile Signatures if Applicable

Signing Authorization

RESOLVED, that any one of the person(s) indicated above is authorized to act for and on behalf of the Business in any matter involving any of the Business' depository accounts at the Bank, including the authority to instruct the Bank to close the account, and is further authorized to sign and implement for and in the name on behalf of the Business, as they, or any of them see fit, the terms of all agreements, instruments, drafts, certificates, or other documents relating to any depository account or other business of the Business including, but not limited to payroll agreements, repurchase agreements, night depository agreements, funds transfer agreements or safe deposit agreements.

Facsimile Signature Authorization

RESOLVED, that the Bank is authorized and directed to honor checks, drafts, and orders for the payment of money drawn on any of the accounts listed above including those drawn to the individual order of any person when the check, draft, or order bears or purports to bear the facsimile signature(s) as shown above or on the signature card. The Bank shall be indemnified and held harmless against any forgery, or unauthorized use or misuse of the facsimile signing devices.

Further Authorizations

BE IT FURTHER RESOLVED, that the secretary or assistant secretary (if a corporation or unincorporated association), the sole owner/proprietor (if a sole proprietorship), any member or manager, as appropriate (if a limited liability), or any general partner (if a partnership) is authorized to certify to the Bank the name, title, specimen signature and facsimile signature with respect to any additions or deletions of persons authorized to carry out the purposes and intent of these resolutions and that this resolution shall remain in full force and effect until express written notice of rescission or modification is received by the Bank. If the authority contained herein should be revoked or terminated by operation of law or any other reason without such notice, it is resolved that the Bank shall be indemnified and saved harmless from any and all losses suffered or liabilities incurred by it in so acting after such revocation or termination without notice.

IN WITNESS WHEREOF, the undersigned has hereunder subscribed his/her name(s) and affixed the seal, if any, of the Business this 17 day of May, 2010.
 For Corporation or Unincorporated Association or Organization: For Sole Proprietorship: For Partnership (all general partners must sign) or For Limited liability company (all members/managers must sign):

Secretary

Owner/Sole Proprietor

Partner/Member/Manager

Partner/Member/Manager

Partner/Member/Manager

☐ THIS IS A NOT-FOR-PROFIT BUSINESSJPMorgan Chase Bank, N.A. Member FDIC
Catalog # 04382 (12/06)Scanning branches - Scan using All in One printer
DISTRIBUTION: 1) Bank Copy 2) Customer Copy

HILL-01316

CHASE**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR")
PHYSICIANS PHARMACY LLCACCOUNT NUMBER 893744524
TAXPAYERID NUMBER 27-2588970
ACCOUNT TYPE Chase Business Classic

DATE OPENED 05/17/2010

BUSINESS ADDRESS
425 METRO PL N STE 460FORM OF BUSINESS ISSUED BY
New Account
Limited Liability Company
JPMorgan Chase Bank, N.A. (001)

DUBLIN OH 43017-5324

Dublin
ERIK C VARHUSPRIMARY IDENTIFICATION
State Certification of BusinessID NUMBER
1912813ISSUER
OhioISSUANCE
02/10/2010

EXP DATE

614-248-5800
05/17/2010

SIGNER(S) TO BE ADDED LATER

Don C Hillman

ACKNOWLEDGEMENT - By signing this Signature Card the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the Bank). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business, and (ii) all necessary action or/committees, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor and the individual(s) listed below. The Depositor acknowledges receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

CERTIFICATION - The undersigned certifies under penalties of perjury that (1) the Depositor's Taxpayer Identification Number shown above is correct, and (2) the Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and (3) the Depositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).

☐ If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

☐ The Depositor is a foreign entity, and therefore the penalties or perjury certification on this form do not apply. In addition, the Depositor has certified its foreign status to the Bank by completing the appropriate Form W-9.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

STEVEN E HILLMAN

Manager Managed

5/17/10 *Don C Hillman**5/16/10* *Don C Hillman*

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Rev (1/2008)

Scan

HILL-01315

**BUSINESS DEPOSITORY RESOLUTION**☒ NEW ☐ CHANGE

ACCOUNT NO. 893744524

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (001)

ACCOUNT TITLE PHYSICIANS PHARMACY LLC

BRANCH NAME AND NO. Dublin - 31

DATE 05/17/2010

BUSINESS ADDRESS 425 METRO PL N STE 460
DUBLIN, OH 43017-5324

PREPARED BY ERIK C VARHUS

PHONE NO. 614-248-5800

TAXPAYER ID NO. 27-2588970

PRODUCT TYPE Chase Business Classic

Legal Name of Business PHYSICIANS PHARMACY LLC

(the "Business")

The individual(s) signing this Resolution hereby certifies to JPMorgan Chase Bank, N.A. ("the Bank") that the Business is (check one):

☐ a sole proprietorship owned entirely by the individual signing this Resolution;☐ a duly formed and valid existing☐ general partnership ☐ limited partnership ☐ limited liability partnership ☐ limited liability limited partnership ☐ joint venture

organized under the laws of the state/country of , and the persons signing this Resolution constitute all of the general partners of the partnership.

☐ a corporation duly organized and in good standing under the laws of the state/country of and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of the records and corporate seal, if any;☐ an unincorporated association or organization and the individual(s) signing this Resolution is the keeper of the records and seal, if any;☒ a limited liability company organized under the laws of the state/country of USA and the individuals signing this Resolution constitute all of the members or managers, as appropriate of the company.

and that the following is a true and correct copy of the resolutions adopted by the Business and that such resolutions are now in full force and effect.

Depository and Withdrawal Authorization

RESOLVED, that the Bank is designated a depository in which the funds of the Business may be deposited and/or withdrawn by any one of the persons listed below in the manner so designated, subject to the Bank's Deposit Account Agreement. Each person so listed is authorized to endorse for collection, deposit or negotiation any and all checks, drafts, notes, bills of exchange, certificates of deposit, and orders for the payment or transfer of money between accounts at the Bank and other banks, either belonging to or coming into the possession of the Business. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Business without endorsement or may supply the endorsement of the Business. The person(s) so designated is authorized to sign any and all checks, drafts, and orders drawn against any designated account(s) of the Business (including savings accounts) at the Bank. The Bank is authorized to honor and pay all instruments are payable or endorsed, including those drawn or endorsed to the individual order of any such person so listed.

Name
STEVEN E HILLMANTitle
Manager Managed

Facsimile Signatures if Applicable

Signing Authorization

RESOLVED, that any one of the person(s) indicated above is authorized to act for and on behalf of the Business in any matter involving any of the Business' depository accounts at the Bank, including the authority to instruct the Bank to close the account, and is further authorized to sign and implement for and in the name on behalf of the Business, as they, or any of them see fit, the terms of all agreements, instruments, drafts, certificates, or other documents relating to any depository account or other business of the Business including, but not limited to payroll agreements, repurchase agreements, night depository agreements, funds transfer agreements or safe deposit agreements.

Facsimile Signature Authorization

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Further Authorizations

BE IT FURTHER RESOLVED, that the secretary or assistant secretary (if a corporation or unincorporated association), the sole owner/proprietor (if a sole proprietorship), any member or manager, as appropriate (if a limited liability), or any general partner (if a partnership) is authorized to certify to the Bank the name, title, specimen signature and facsimile signature with respect to any additions or deletions of persons authorized to carry out the purposes and intent of these resolutions and that this resolution shall remain in full force and effect until express written notice of rescission or modification is received by the Bank. If the authority contained herein should be revoked or terminated by operation of law or any other reason without such notice, it is resolved that the Bank shall be indemnified and saved harmless from any and all losses suffered or liabilities incurred by it in so acting after such revocation or termination without notice.

IN WITNESS WHEREOF, the undersigned has hereunder subscribed his/her name(s) and affixed the seal, if any, of the Business this 17 day of May, 2010.For Corporation or Unincorporated
Association or Organization:

For Sole Proprietorship:

For Partnership (all general partners must sign) or

For Limited Liability Company (all members/managers must sign):

Steven E Hillman
Partner/Member/Manager

Secretary

Owner/Sole Proprietor

Partner/Member/Manager

THIS IS A NOT-FOR-PROFIT BUSINESS

JPMorgan Chase Bank, N.A. Member FDIC
Catalog # 04382 (12/06)

Partner/Member/Manager

Scanning branches - Scan using All in One printer
DISTRIBUTION: 1) Bank Copy 2) Customer Copy

HILL-01316